

Case Number:	CM14-0090563		
Date Assigned:	07/23/2014	Date of Injury:	10/27/2009
Decision Date:	08/28/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 52 year old female who sustained a vocational injury, working as a warehouse associate on 10/27/09, attributed to repetitive work. The records provided for review document current diagnoses of degenerative disc disease, acute lower back pain, and a history of previous surgery. The office visit on 06/16/14 noted complaints of back pain. Physical examination revealed decreased range of motion in all planes, tenderness of the paraspinal muscles on palpation, and sensation, motor strength testing, and reflexes were within normal limits of the bilateral extremities. At the agreed medical evaluation on 06/30/14, the claimant complained of sharp pain radiating down the right leg to the ankle and foot and numbness and tingling in the right leg, calf, heel and big toe. Physical examination noted tenderness at the L 2, L 3, L 4 and L 5 levels, bilateral sacroiliac joint tenderness, right greater than left, and paravertebral muscle spasm and guarding. The range of motion was decreased in all planes. She ambulated with a limp in the right lower extremity. She was able to toe and heel walk. There is diminished sensation on the right in the L 3, L 4, L 5 and S 1 dermatomes. Deep tendon reflexes of the knee jerk are one bilaterally, and ankle jerk are one bilaterally. Seated straight leg raising was 2+ bilaterally. Supine straight leg raising was positive on the right at 40 degrees for pain in the back and positive on the left at 50 degrees for pain in the back. Flexion of the knee to the chest and Patrick's test was positive bilaterally. Femoral stress testing was 2+ on the right and 1+ on the left. X-rays showed fixation screw in place and the fusion mature at the L 5 - S 1 level. There was sacralization of S 1 bilaterally. The CT scan from 04/14/14 showed minimal interval increase in bony position involving the right anterior L 4 - 5 spaces. There was no significant change in post-surgical changes. There was no evidence of hardware loosening or fracture. There was stable mild circumferential bulging disc at L 3-4 and moderate L 5 - S 1 disc height loss. An addendum was also provided that CT showed interval increased lucencies surrounding

the mid to distal right L 4 disc stabilization screw suggesting hardware loosening/motion with incomplete bridging bony fusion across the L 4 - 5 disc space at ten months post spinal surgery. The agreed medical exam from 06/30/14 noted that at this point the most important thing to determine is the pain generator for the claimant. This request is for a posterior fusion with pedicle screws at the last mobile segment of the lumbar spine, as well as an assistant surgeon and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Posterior fusion with pedicle screws; last mobile segment of Lumbar spine (including Assistant surgeon and Medical clearance): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, AAOS and ACC/AHA 2007 Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: Based on the documentation presented for review, and in accordance with California MTUS ACOEM and Official Disability Guidelines, the request for the posterior fusion with pedicles screws of the last mobile segment of the lumbar spine cannot be considered to be medically necessary and subsequently, the request for an assistant surgeon, as well as medical clearance can also not be considered medically necessary. There is a lack of documentation that a recent psychosocial screening has been performed which would be imperative, given the fact that the claimant has failed recent surgical intervention, approximately fifteen months ago. Documentation presented for review also fails to acknowledge the claimant's most likely pain generator, which would be imperative to know prior to considering surgical intervention. There is a lack of documentation of recent failed, attempted and exhaustive conservative treatment prior to recommending and considering surgical intervention in the form of a posterior fusion. The request also fails to clarify the levels of the requested fusion which would be imperative to know, prior to considering medical necessity. Therefore, based on the documentation presented for review, and in accordance with California MTUS ACOEM and Official Disability Guidelines, the request for the posterior fusion with pedicles screws of the last mobile segment of the lumbar spine cannot be considered to be medically necessary and subsequently, the request for an assistant surgeon, as well as medical clearance can also not be considered medically necessary.